

IFW
PATENT

IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

APPLICANT: Michael Stochosky
APPLICATION NO.: 10/612,632
FILING DATE: July 1, 2003
TITLE: PEER-TO-PEER ACTIVE CONTENT SHARING
EXAMINER: Not yet known
GROUP ART UNIT: 2171
ATTY. DKT. NO.: (P3073US1) 18602-07431

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 7/21/04By: Dorian Cartwright

Dorian Cartwright, Reg. No.: 53,853

MAIL STOP AMENDMENT
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LETTER TO THE CHIEF DRAFTSPERSON

SIR:

Please substitute the enclosed seven (7) sheets of formal drawings containing Figures 1-8 for the seven (7) sheets of drawings containing Figures 1-8 previously submitted.

Respectfully submitted,
Michael Stochosky

Dated: 7/21/04By: Dorian Cartwright

Dorian Cartwright, Reg. No.: 53,853

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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	10/612,632	
	Filing Date	July 1, 2003	
	First Named Inventor	Michael Stochosky	
	Group Art Unit Number	2171	
	Examiner Name	Not yet known	
Total Number of Pages in This Submission	9	Attorney Docket Number	(P3073US1) 18602-07431

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input checked="" type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input checked="" type="checkbox"/> Formal Drawing(s): [7] Sheet(s) of Figure(s) [1-8]
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:	<i>Dorian Cartwright</i>		
Attorney/Reg. No.:	Dorian Cartwright, Reg. No. 53,853	Dated:	7/21/04

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Signature:	<i>Dorian Cartwright</i>		
Typed or Printed Name:	Dorian Cartwright	Dated:	7/21/04
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